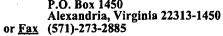
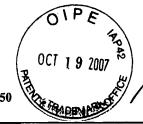
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450





| INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notifica  | correspondence includired below or directed oth   | or the Patent     | advance of     | rders and notification   | ωfm           | naintenance fees v  | villhe ı                                  | mailed to the current   | COTTESPOE  | idence address as     |  |
|---|---|-------------------|----------------|--|---------------|---|---|-------------------------|------------|-----------------------|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  |   |                   |                |  |               | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.   |   |                         |            |                       |  |
| Peter L. Kendall Roylance, Abrams, Berdo & Goodman, L.L.P. Suite 600  |   |                   |                |  |               | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |   |                         |            |                       |  |
| 1300 19th Street, N.W.<br>Washington, DC 20036  |   |                   |                |  |               | (Depositor's name)  |   |                         |            |                       |  |
|   |   |                   |                |  |               | (Signature)   |   |                         |            |                       |  |
|   |   |                   |                |  |               |   |   |                         |            |                       |  |
| 10/720,115  | 10/720,115 11/25/2003                             |                   |                |  | Dae-Whan Back |   |   | 45818 4503              |            |                       |  |
| TITLE OF INVENTION<br>ACCESS MOBILE COM   |   |                   | FOR GENE       | RATING A CODE I  | IN A          | N ASYNCHRON   | ious (                                    | CODE DIVISION M         | ULTIPLE    |                       |  |
| APPLN. TYPE   | SMALL ENTITY                                      | ITY ISSUE FEE DUE |                | PUBLICATION FEE D  | UE            | PREV. PAID ISSU   | E FEE TOTAL FEE(S) DUE                    |                         | DATE DUE   |                       |  |
| nonprovisional  | NO  | NO \$1400         |                | \$300  |               | \$0<br>. 16   | \$1700 I<br>0/22/2007 AWONDAF2 00000030 1 |                         | 11/02/2007 |                       |  |
| EXAMINER ART UNIT   |   |                   | דות            | CLASS-SUBCLASS   | DI FO-IFOI    |   |   |                         |            |                       |  |
| DOAN, KIET M 2617   |   |                   |                | 370-324000   |               | 98  | FC:1                                      | 506                     | ·          | 300.00 0<br>1400.00 0 |  |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence</li> </ol>  |   |                   |                | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  1 Roylance, Abrams, Berdo & Goodman, L.L.P.  |               |   |   |                         |            |                       |  |
| Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.   |   |                   |                | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.   |               |   |   |                         |            |                       |  |
| 3. ASSIGNEE NAME A  | ND RESIDENCE DATA                                 | A TO BE PRI       | NTED ON        | THE PATENT (print o  | or typ        | oe)   | _   |                         |            |                       |  |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. |   |                   |                |  |               |   |   |                         |            |                       |  |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)   |   |                   |                |  |               |   |   |                         |            |                       |  |
| Samsung Electronics Co., Ltd.   |   |                   |                | Suwon-Si, Republic of Korea  |               |   |   |                         |            |                       |  |
| Please check the appropr  | iate assignee category or                         | categories (w     | vill not be p  | rinted on the patent):   |               | Individual C  | orporati                                  | on or other private gro | oup entity | Government            |  |
| 4a. The following fec(s) are submitted:  ✓ Issue Fee ✓ Publication Fee (No small entity discount permitted)  ☐ Advance Order - # of Copies  |   |                   |                | 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). |               |   |   |                         |            |                       |  |
| 5. Change in Entity Sta   | tus (from status indicate<br>s SMALL ENTITY state |                   | R 1.27.        | ☐ b. Applicant is no   | o long        | ger claiming SMA  | LL ENT                                    | FITY Sec 37 C           | FR 1.27(g  | )(2).                 |  |
| NOTE: The Issue Fee an interest as shown by the   | d Publication Fee (if req                         | uired) will no    | t be accepte   | d from anyone other the  | han tl        | he applicant; a reg   | istered a                                 | ittor: (gent; or t      | he assigne | e or other party in   |  |
| Authorized Signature  | \ loli  |                   | tale           | - 25   |               |   |   | , 2007                  |            |                       |  |
| Typed or printed nam  |   |                   | Registration l | No2  | 9,392         |   |   |                         |            |                       |  |
| This collection of inform   | etion is required by 37 (                         | FR 1 311 Th       | e information  | on is required to obtain   | 1 05 5        | etain a benefit by  | the publ                                  | ic which is to file (an | d by the H | SPTO to process)      |  |

Inis collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, prepanng, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.